

FY13
RECALLED RESEVIST PERDIEM WORKSHEET

NAME: _____ **RANK/RATE:** _____ **SSN:** _____ **DATE:** _____

Authority: SECNAV LTR DTD 02 NOV 2001

PER DIEM SDN#:

N00022008TO _____

Found on Orders Under "Accounting Data" Section- Fill in Blanks

PER DIEM ACCOUNTING CLASSIFICATION:

AA1781804.22CA 000 00022 0 068566 2DO _____ **000228TW211E**

Found on Orders Under "Accounting Data" Section – Fill in Blanks

PARTIAL SETTLEMENT No. #: _____

PARTIAL SETTLEMENT DATES: FROM: _____ **TO:** _____

TYPE OF QUARTERS MEMBER IS CURRENTLY RESIDING (CIRCLE ONE): GQ / CQ

(CQ Requires Certificate of Non-Availability, CNA) (CNA Must be renewed if it expires)

CNA NO. (If Applicable): _____

DAILY COST OF LODGING (Paid Receipt Must Be Attached to Claim): \$ _____ /day

TYPE OF MEALS MEMBER IS AUTHORIZED (CIRCLE ONE): GMR / PMR / CMR

FOR PMR OR CMR, DATES AUTHORIZED MUST BE INCLUDED:

FROM: _____ **TO:** _____

Member's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

OSO's Signature: _____ **Date:** _____

PLR Signature: _____ **Date:** _____

DOCS REQUIRED WITH MONTHLY PER DIEM SUBMISSION

- Travel Claim Form (DD 1351-2)
- Copy of Orders
- All Receipts that you are authorized reimbursement
- In & Around Mileage Form, if applicable